

had experienced from its use on a previous occasion. He was unwilling to employ arsenic, on account of the suspicions of pregnancy, and he therefore ordered pills containing three grains of sulphate of bichlorine in each. Of these she took three, sometimes four, each day, in the intervals between the paroxysms, with the effect of immediately diminishing the pain, and of putting an end to the disease in about three or four days.—*Lond. & Edin. Monthly Journ. of Med. Sci.*, June, 1845.

21. *Syphilitic Chlorosis and its Treatment.* By M. Ricord.—It is often erroneously supposed respecting venereal diseases, that these consist of a single disorder, which ought constantly and exclusively to be met by one only remedy, viz., mercury.

The following remarks of M. Ricord tend to combat this error, whilst they at the same time enrich the special therapeutics of these diseases, with a mode of treatment, the good effects of which have been extensively witnessed in the practice of the author.

M. Ricord first lays down the principle, that one of the first effects by which the syphilitic diathesis manifests itself, is an invariable alteration of the blood. But does this alteration consist in an increase or diminution of the globules? This question regulates all the others. In the numerous researches instituted in those attacked with syphilis, along with M. Grassi, chief pharmacien to the Hospital du Midi, M. Ricord constantly found that the number of globules was diminished in various proportions, and at times to such a degree that it attained the maximum of diminution observed in anaemia. It is to this impoverished state of the blood that M. Ricord applies the term syphilitic chlorosis; it has numerous relations with the other species of chlorosis. To it, in the first place, must be attributed that peculiar colour of the skin observed in those affected with constitutional syphilis. As in chlorosis, the physical and moral state of depression indicates disorder of the circulation; the bad complexion and dull eye clearly show that the blood no longer possesses its healthy properties.

Syphilitic chlorosis generally exists previous to the appearance of any secondary or tertiary symptoms. Its principal characteristics, besides the general aspect which we have just noticed, are a state of extreme lassitude, pains, with exacerbations at night, in the neighbourhood of the joints, but without swelling or change of colour in the skin, and usually neither produced nor aggravated by pressure. Headache, neuralgia of the fifth pair, and paralysis of the facial nerve, are also pretty constant symptoms of this state. Alopecia, enlargement of the posterior or lateral cervical glands, or of the mastoid glands alone, complete the series of phenomena, which are rarely preceded or accompanied by a febrile state.

This peculiar state of the blood presents an element of the greatest importance when viewed as an indication in regard to treatment, becoming continuous and aggravated when the syphilitic infection gives rise to secondary or tertiary symptoms; it may continue in different degrees, after their disappearance, or under the influence of modifications occurring in the system, either from treatment or any other cause.

The first conclusion to be drawn from these considerations, is, that syphilis being an anemic disease, or at all events complicated with anaemia, the antiphlogistic method of treatment is a dangerous one, laying aside any partial or local inflammatory phenomena, which may accidentally require sanguineous depletion.

The second conclusion is the necessity of a restorative diet, and the application of those special remedies, which experience has demonstrated to be efficacious in chlorosis.

"The treatment which I have adopted," says M. Ricord, "consists in the combination of preparations of iron and mercury, either for the chlorosis, or other symptoms, provided there exists no contrary indication. In general I give the preference to the pills of Vallet, in the dose of 6 to 18 a-day. I prescribe, at the same time, the proto-ioduret of mercury, in the dose of from 5 to 30 centigrammes, along with a decoction of hops or soap wort, which, in my opinion, is much superior to sarsaparilla. For the disorders arising during the transition from the secondary to the tertiary symptoms, mercurials combined with the ioduret of iron, or still better, the ioduret of potassium, are the most efficacious for altering the state of the blood. The same result may be obtained from the ioduret of iron or ioduret

of potassium alone, in the tertiary symptoms."—*Lond. & Edin. Monthly Journ. of Med. Sci.*, March 1845, from *Gazette Médicale*, Nov. 1844.

25. *On the co-existence of Granular Disease of the Kidneys, with Pulmonary Consumption; and on the influence of the Strumous Diathesis in predisposing to the Renal Disease.* By THOMAS BEVIL PEACOCK, M. D.—Dr. Bright, in the notes to his tabular statement of the morbid appearances in 100 cases of Granular Disease of the Kidneys, occurring in connection with albuminous urine,\* has remarked, that "the instances in which phthisis, or any form of scrofulous disease, has been connected with the renal affection, have been decidedly rare, so that in only four cases has recent phthisis developed itself; and what is somewhat remarkable, in more than double that number the disease seems to have made a certain inroad upon the upper lobes of the lungs, and then to have become quiescent, or to have entirely subsided, from which we should perhaps be inclined to infer, that, so far from the diseases being associated, the condition of body, in this form of renal disease, is unfavourable to the existence of phthisis, or certainly that it is not peculiarly apt to occur in scrofulous constitutions." These views have not been confirmed by the experience of other observers. Dr. Christison says, "I have very little hesitation in putting down the scrofulous diathesis among the predisposing causes of granular disorganization of the kidneys. In repeated instances I have been led by the supervention of oedema during phthisis, to examine the qualities of the urine, and, although the result has not been invariably, still in a great proportion of cases of the kind, the secretion has been found to possess the properties essential to the renal disease. In repeated instances the diagnosis during life has been confirmed by inspection of the body after death. On diverse occasions, too, the kidneys have been discovered on dissection in an advanced state of granular disorganization, when the condition had not been attended to during life, and when, nevertheless, from the state of the urine in the bladder, there could be no question that the pathognomonic characters of the disease might have been detected, had not the attention been withdrawn from them by some urgent symptoms."

Rayer,† in alluding to the remarks of Dr. Bright above quoted, expresses the concurrence of his experience and views with those of Dr. Christison; and states, that he has in repeated instances found the urine become albuminous during the progress of phthisis, with or without the supervention of dropsical symptoms, and has detected, after death, the characteristic renal disorganization. Martin-Solon—though he found the lungs tuberculous in four out of ten dissections of persons who had sunk under granular disease of the kidneys—regards the two affections as only accidentally co-existent.‡ Dr. Osborne, on the other hand, states, that of 36 cases of renal disease with albuminous urine, which had fallen under his notice, four originated in scrofula; and in one of the only two dissections of cases of renal affection producing dropsy, which he relates, the lungs were in an advanced state of tuberculous disease.

These quotations are sufficient to show the difference of sentiment which exists among writers on the Granular Disease of the Kidneys, as to the co-existence of strumous diseases with that affection, and the influence which the scrofulous constitution exerts in its production. The data given in the following paper were collected for my own satisfaction, but, as the question to which they refer is both interesting and important, it is conceived that they may be worthy of publication. The points which I shall endeavour to illustrate, are,—*first*, the frequency of the occurrence of tuberculous affections of the lungs, in conjunction with decided granular disease of the kidneys;—*secondly*, the relative frequency and importance of the different visceral complications in that affection;—*thirdly*, the relation as to priority between the granular affection of the kidneys, and the tuberculous disease of the lungs;—and, *lastly*, the frequency of the granular disorganization as a secondary affection in phthisis, and the influence which it exerts on the progress of the pulmonary disease.

\* Guy's Hospital Reports, vol. i. 1836, p. 381.

† *On Granular Degeneration*, pp. 112, 113.

‡ *Sur les Maladies des Reins*, t. ii. p. 313.

§ *De l'Albuminurie*, p. 238.